

# How Do Public Health Leaders Respond to a New Era of Health Reform?

*What every leader should know, do, and get other to do.*

*A summary of the:  
2009 PHLS Annual Program  
November 8, 2009  
Philadelphia, PA*



The Public Health Leadership Society  
1515 Poydras Street, Suite 1200  
New Orleans, LA 70112

On November 8, 2009, the Public Health Leadership Society, hosted its 2009 PHLs Annual Program. The theme of the program was “How do Public Health Leaders Respond to a New Era of Health Reform?” A gathering of 55 public health leaders from around the nation came to discuss what **every public health leader needs to know, do, or get other to do in this new era of health reform.** The program featured:

C. Earl Fox, *Executive Director of the Florida Public Health Institute*

Jeffrey Levi, *Executive Director of the Trust for America’s Health*

Judith Monroe, *Indiana State Health Director*

Michelle Davis, *Deputy Regional Health Administrator, Region III, Department of Health and Human Services*

The following is a summary of the key talking points from the session.

## **Hearing from the Experts Looking at Healthcare Reform Through Seasoned Eyes**

*Keynote Address from C. Earl Fox:*

### **Three things that all Public Health Leaders must do in this new era of Health Reform:**

- 1. Public health leaders need to think broadly at the systems level**
- 2. Public health leadership needs to be better educated about the system especially how the public health system is financed**
- 3. Public health need better management of the system**

If public health wants to be part of the table, public health needs to understand the health system as a whole, especially financing and care delivery systems.

We made a strategic error during the last effort for health reform during the Clinton administration. Last time, we had too much focus in prevention and wellness and ignored direct care services. We spent so much time on advocating for prevention and wellness that we forgot to advocate for funding health department staff. This ultimately led to decrease in workforce. The point being *we can’t ignore the bigger system.* Even if we don’t provide direct services, Medicaid plays a big role in health reform. And we can’t ignore the bigger picture.

**This time around, Medicare, Medicaid, CHIP, Prevention and establishing a public health trust funds are key elements that public health leaders need to be familiar with and advocate for.**

There needs to be a change in how we manage public health. We have a lot of data on competency and enumeration of our workforce, but we don't have the right data needed to figure out what we need to get the job done. We also need to better manage our resources. There are a lot of stories on the local levels of cost containment. **Public health fails in marketing and spreading the stories of success.**

It is important to note that the passing of the bill in the Senate this morning (11/8/09) will not solve all of the problems of the health system. 18,000,000 will still be uninsured. 6,000,000 of those will be undocumented.

There is also great opportunities to advance prevention at the school health level with the continuance of SCHIP and Medicaid programs. Both Wisconsin and New York have done a great job in documenting and keeping children insured after they have rolled out of Medicaid. We can use their models in improving health system for entire state populations.

**Public Health can benefit in design within states by:**

- **Assessing Quality of Care**
- **Working with Federal Qualified Health Centers (FQHC)**
- **Playing a role to become Quality Health Centers, and**
- **Training public health professionals**

The Federal Government plays the role of providing the data that can assist in better decision making at state and local levels.

As a final thought, **we need to educate each other.** We need to engage in what others do, especially when it comes to funding allocation. We all find creative ways to keep our programs and organizations afloat (i.e. special interest foundations, hospital taxing, Medicaid funds, etc). Why shouldn't Public Health be in the conversation of health funding allocation and Medicaid reimbursements, when many of our programs receive some of these funds? **Most importantly, we need to find creative ways to fund policies for Public Health.**

## Response from the Experts:

*Jeff Levi on where Health Reform is now:*

TFAH has been hard at work to provide Public Health a voice at the Health Reform Conversation at the Federal level.

The Public Health provisions in Health Reform Bill includes:

- **Universal Coverage**
- **National Prevention Strategy, and**
- **Reliable Funding Streams (for research, care delivery and core public health functions)**

The Senate Bill includes:

- \$33 billion for a 10 year Health Trust fund,
- \$1.6 billion for Core Public Health,
- \$300 million for Research
- \$400 million for Community Health, which includes dollars for training and workforce development

**Health Reform is about rethinking the current business model.** This time around the first dollars will go to coverage with no deductions, or 3<sup>rd</sup> party reimbursements.

When the bills pass in both the Senate and House, the public health funding is projected to begin during the 2011 fiscal year. The new dollars in Core Public Health functions must be above what is already being spent. There will be some discretion among administration and appropriations.

**Community Prevention needs no be just focused on obesity and chronic disease, but it also needs to focus on issues of social justice and social determinants of health.**

Ask yourselves “what is public health?” It’s not just about accreditation. In the long run, public health is about social justice. All health departments should be at a level playing field. Where you live should not determine the funding you receive.

**Public Health needs to play a role in creating quality assurance.** Public health collects data needed to provide support for clinical care. The funding allocation to community health and core public health will create the connection of both systems. **The role of public health leaders will be to connect the health delivery system and the public health system.**

For more information about TFAH, visit [www.healthamericans.org/prevention](http://www.healthamericans.org/prevention). To be added on the TFAH listserv, contact [jlevi@tfah.org](mailto:jlevi@tfah.org).

Judy Monroe on providing a face for public health:

It is important for us all to know that:

**Clear Strategies + Effective Operations → Success**

Accountability in public health is crucial. Accreditation and other quality improvement initiatives will help with this.

H1N1 provides Public Health an opportunity to be visible. We are the ones that provide the face of Public Health to the general public. **Public Health needs to be visible, relevant, and credible.** We need to seize this opportunity, which can provide us the visibility, relevance, and credibility to be at the table for Health Reform.

We need to be at the table to decrease in medical errors, ensure patient safety, and advocate for the use of information technology. **We need to be the face and voice to provide information to the public.**

In agreement with Earl and Jeff, public health needs a better way to educate and engage in education of financing and the need for innovation in management.

ASTHO is currently surveying state health department to see what they are doing in Health Care Reform on the state level. The majority of state efforts are focused on coverage, health information technology, chronic disease management, and prevention management. This shows us that we have been effective on the state level and that there are several stories of success to tell.

Michelle Davis on the importance of partnership in public health

**At the local level, partnerships are crucial.** The partnership with the private sector, hospitals, FQHCs and community base organization are important to what is being done on the local level. As we enter in this new era, we need to continue to build and foster these partnership on the local, state, and national level.

NACCHO has done a great job in providing guidance on how to put “health” back into Health Reform. They have many great resources for local public health. Like ASTHO, NACCHO has surveyed what health reform activities local public health agencies engage in.

- Prevention is rated higher than any other provision including subsidies for businesses
- Reliable Funding is also highlighted
- Advocacy for prevention/wellness Trust Funds is also a priority

We can take examples from local levels to create models on the federal level.

At Seattle-King public health department, we have **four public health principles**:

**Four Public Health Principles**

1. Based on Science and Evidence
2. Driven by Social Justice
3. Focused on Prevention
4. Centered on the Community

The national health system needs to also focus on these four principles for Health Reform to be successful. In order to be efficient and successful this time around, we need to improve the public health infrastructure.



*The 2009 PHLS Annual Program would like to thank the National Public Health Leadership Institute, the National Public Health Leadership Development Network and the Centers for Disease Control and Prevention for their support of the program. This program was held in conjunction with the American Public Health Association's Annual Meeting. For more information about PHLS, please visit [www.phls.org](http://www.phls.org) or contact An Nguyen at [anguyen@nnphi.org](mailto:anguyen@nnphi.org).*